

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">9360436</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		2	/			
2		/		/			52		/	/			
3		/		/			53	/		/			
4		/		/			54		2	/			
5	/		/				55	/		/			
6		/		/			56	/		/			
7	/		/				57			/			
8		/		/			58	/		/			
9		/		/			59			/			
10	/		/				60			/			
11		/		/			61						
12		/		/			62			2			
13	/		/				63						
14		/		/			64						
15	/		/				65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	/		/				71						
22	/		/				72						
23	/		/				73						
24	/		/				74						
25		/		/			75						
26		/		/			76						
27		/		/			77						
28		/		/			78						
29	/		/				79						
30	/		/				80						
31	/		/				81						
32	/		/				82						
33	/		/				83						
34	/		/				84						
35		/		/			85						
36		/		/			86						
37	/		/				87						
38	/		/				88						
39	/		/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43	/		/				93						
44	/		/				94						
45	/		/				95						
46	/		/				96						
47	/		/				97						
48		2	/				98						
49		2	/				99						
50		2	/				100						
TOTAL IND.							TOTAL IND.		37				
TOTAL DEP.							TOTAL DEP.		27				
TOTAL CLAIMS							TOTAL CLAIMS		64				